

Document 5

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF PENNSYLVANIA

DARRYL ORRIN BAKER,
Plaintiff,

v.

CIVIL NO. 05-147 (Erie)

UNITED STATES, et al.,
Defendants.

DECLARATION OF RODNEY SMITH

1. I, Rodney Smith, do hereby declare that I am the Health Services Administrator (HSA) at the Federal Correctional Institution (FCI), McKean, Pennsylvania. I have been employed as the HSA at FCI McKean since approximately April 2003. I have been employed by the Federal Bureau of Prisons since approximately September, 1997. As the HSA at FCI McKean, I am familiar with the Bureau of Prisons Health Services policy as well as the Health Services procedures employed at FCI McKean governing inmate health services. Also, as the HSA, I am familiar with FCI McKean's policies requiring that certain staff to make regular rounds through the Special Housing Unit (SHU) at FCI McKean.

2. At FCI McKean, licensed health service care-givers are required to make two daily rounds through both the Administrative Detention (AD) section, as well as the Disciplinary Segregation (DS) section of the Special Housing Unit (SHU). Also, a member of each Unit Team is required to make one daily round through the AD and DS sections of SHU, and Executive Staff and Department Heads are required to make one weekly round through the AD and DS sections of the SHU. Custody staff assigned to SHU must make one round every 30 minutes through both the AD and DS sections of the SHU. Additionally, each cell in the SHU is equipped with a distress button. An inmate who is experiencing a medical emergency, may press the medical emergency button to gain immediate staff attention.

3. Inmates housed in the SHU at FCI McKean are required to follow the same sick call procedures as the general population. Inmates in SHU must fill up a sick call request form and turn it in to health services staff during one of their two daily rounds. Appointments will be made based on the inmate's chief complaint. Appointments may range from the same day (urgent) to two weeks (routine). Inmates requiring more intensive treatment than can be delivered while in SHU, may be escorted to the Health Services Unit (HSU) by a staff member. The necessary treatment can then be delivered by medical staff. A licensed Mid Level Practitioner (MLP) provides routine care and treatment of all inmate patients housed in the SHU. The MLP will make proper referrals to the medical officer as indicated. Should an inmate confined in SHU become ill other than the time of normal sick call, the unit officer or detail supervisor will contact the on-duty provider describing the inmate's problem. The provider will then make the decision as to whether the inmate should be brought to the HSU for evaluation at that time, can be seen later that same day, or can be delayed until sick call rounds. Once Health Services staff become aware that an inmate in SHU has requested medical attention, a qualified medical care-giver must see the inmate in SHU, and a record of this inmate medical contact must be recorded in the inmate's medical record. The absence of a medical entry documenting medical contact in an inmate's chronological medical record during a period in which the inmate was in SHU indicates the inmate did not seek medical attention while he was assigned to SHU.

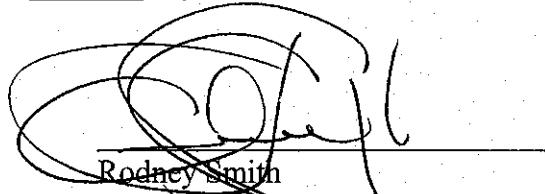
4. If an inmate believes medical staff are denying him proper medical attention while he is housed in SHU, the inmate may notify any staff member during their rounds through the SHU. Also, the inmate may utilize the administrative remedy procedure for inmates to raise this issue for formal review and action.

5. Attached hereto, and labeled "Attachment A" for identification, please find a true and correct copy of the Procedure Statement for the Health Services Unit of FCI McKean, Section

XVIII, which covers the treatment of patients in Special Housing Unit at FCI McKean.

Pursuant to the provisions of 28 U.S.C. §1746, I declare under penalty of perjury
that the foregoing is true and correct to the best of my knowledge.

Executed on this 7th day of December, 2005.



Rodney Smith
Health Services Administrator
Federal Correctional Institution
McKean, Pennsylvania

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**U. S. Department of Justice
Federal Prison System**

*Federal Correctional Institution
McKean, PA 16701*

Number: HSU 9.1
Date: November 24, 2004
Subject: Ambulatory Care

**Health Services Unit
Procedure Statement**

**SECTION IX
AMBULATORY CARE**

Weekdays at FCI:

7:00 AM - 7:15 AM	Insulin Only!!!
7:45 AM - 8:00 AM	Pill-line & Prescription pick up available
11:30 AM - 12:15 PM	Pill-line & Prescription pick up available
3:15 PM - 3:30 PM(recall)	Prescription pick up only!!!
5:00 PM - 5:15 PM	Insulin Only!!!
7:30 PM - 7:45 PM	Pill line Only!!!

Weekends and Holidays at FCI:

7:00 AM - 7:15 AM	Insulin Only!!!
7:15 AM - 7:30 AM	Pill line Only!!!

Remaining medication lines will be at the same times as weekdays. Prescriptions shall be distributed only at the designated lines on weekdays. No prescriptions are distributed on evenings, holidays or weekends except in emergencies or with prior approval through medical staff.

FPC Medication Lines:

Medication will be dispensed at the FPC at the following times:

Weekdays:

6:45 - 7:00 AM	Insulin and medications
6:30 - 6:45 PM	Insulin and medications
Prescriptions may be picked up at either line.	

Weekends and holidays:

8:30 - 8:45 AM	Insulin and medications
6:30 - 6:45 PM	Insulin and medications

XVII. MEDICAL AND DENTAL CALLOUTS

The institution's call out system will be utilized to notify supervisors and inmates of scheduled, non-sick call appointments or routine dental appointments. The callout will also notify inmates of appointments with contract consultants.

XVIII. TREATMENT OF PATIENTS IN SPECIAL HOUSING UNIT

- A. Inmates housed in the special housing unit are required to follow the same sick call procedures as the general population. They must fill out a sick call request form and turn it in to health services staff during daily rounds. Appointments will be made based on the inmates chief complaint. Appointments may range from same day (urgent) to two weeks (routine). Daily rounds are made during the day and evening for medication purposes only.

- B. As each inmate is placed in detention, a form will be completed by the Special Housing Officer to determine if the inmate has any contraindications to exposure to chemical agents.
- C. All medication ordered for inmates in special housing will be dispensed by a provider during regularly scheduled day and evening rounds.
- D. Inmates requiring more intensive treatment than can be delivered while in special housing may be escorted to health services by a staff member. The necessary treatment can then be delivered by medical staff.
- E. Emergency cases will be transported to a community hospital with appropriate forms completed at the earliest convenience.
- F. The appropriate MLP will provide the routine care and treatment of all patients housed in the special housing unit. He or she will make proper referrals to the medical officer as indicated. He or she will sign each segregation and administrative detention inmate log sheet upon completion of sick call or any time an inmate is visited in the unit. The MLP or physicians must write for all prescriptions for medication that is to be provided for an inmate while in the unit.
- G. Emergent sick call - Should an inmate become ill other than the time of normal sick call, the unit officer or detail supervisor will contact the on duty provider describing the inmate's problem. The provider will then make the decision as to whether the inmate is to be brought to health services for evaluation at that time, can be seen later that same day, or can be delayed until sick call rounds.
- H. Serious Injury or Life Threatening Illness - If an inmate sustains a serious injury or becomes seriously ill while in the segregation unit, the officer should immediately contact the on duty provider, who will report to SHU immediately. If it is the decision of the unit officer the inmate is serious enough that delay in transporting to the hospital would be detrimental to his health, the custodial staff may transport the patient by whatever means they can find, i.e., stretcher, wheelchair, etc.,
 - 1. The staff member who first observes the seriously ill or injured patient will not delay in transporting, but notify the on duty provider of the emergency by phone or radio, thus permitting the hospital to prepare for the emergency.
 - a. In general, the MLP will go to the scene of an emergency. The on duty provider is to go to the scene to afford care and assistance in moving the patient to health services.

- b. In the event of a cardiac arrest, CPR should be started immediately by any qualified person in the area. Transporting to institutional health services should not be delayed. The MLP is to be notified immediately so he or she may respond with resuscitative equipment and begin Advanced Cardiac Life Support measures (ACLS), if certified ACLS staff available.
- c. Should an obvious death occur in the unit, the body **must not** be moved until authorized by the Medical Department.

XIX. INTAKE SCREENING

All inmates entering FCI McKean will be medically screened within 24 hours of arrival. The MLP will report to Receiving and Discharge (R & D) to accomplish this procedure.

- A. Intake Screening: as newly committed inmates are received at institutions, they will be given an initial overall inspection by a member of the medical staff to determine their needs for any urgent medical care, restriction on temporary work assignments and to ascertain their freedom from contagious disease, including inspection for lice.
- B. Where an individual is discovered to have lice, the appropriate delousing procedures will be applied. All persons in holdover status will also be examined upon arrival at the institution for such general screening.
- C. Inmates transferred from other BOP facilities, should have a Medical Record of Federal Prisoner in Transit form (BP-149) to review. An entry should be made on this form, in the proper column, under date, time, institution and the symptoms, findings, medication, treatment, orders, etc. The note must be signed.
- D. The intake medical history form (BP-360) will be completely filled out at the time of initial screening (at the first institution), subsequent facilities need not have another completed unless the inmate expresses a change in his health status or change in his history. The inmate is to complete the questionnaire on the front page and the top half of the back page. A medical history will then be taken by a healthcare provider in a private room. Particular attention will be paid to the following areas:
 1. Present medication
 2. Allergies to medication
 3. Family history
 4. Surgeries
 5. Communicable diseases, (i.e., TB, Hepatitis, Aid's)
 6. Venereal diseases